UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT

ATTORNEY REGISTRATION

TO BE COMPLETED ONLY IF YOU WERE PREVIOUSLYADMITTED TO THE FOURTH CIRCUIT BAR

NAME (present practicing name)		
Last		
First	Middle	
Generation (Jr.,Sr.,II,etc.)	Title (if applicable)	
Prefix (Mr.,Ms.,Professor,etc.)		
FIRM:		
City		
State	-	Zip Code
Phone ()	Ext	Fax ()
E-mail		
DATE OF BIRTH:		
APPROXIMATE DATE ADMITTE	D TO U.S. COURT OF AP	PEALS FOR THE FOURTH CIRCUIT
STATE OF RESIDENCE		
IF ADMITTED UNDER A DIFFER	ENT NAME, PROVIDE NA	AME UNDER WHICH YOU WERE

Do you want to be considered for court appoin	tments? Yes []] No []
If yes, specify case types below:		
1. Prisoner civil rights cases [] 4. Habeas	s corpus cases []	
2. Capital punishment cases [] 5. Indiger	nt civil cases []	
3. Federal criminal appeals [] 6. All cas	e types []	
(Date)	(Sig	gnature)